Application Submission Manual

Categories of Materials Reviewed

A. New Application Submission & Review

Definition: A study/investigation submitted to the DSHS IRB for the first time.

1. Full Board Review

A new application not meeting the criteria for exempt status or expedited review requires full board review.

Investigator must submit: One original and 7 copies (copies double-sided) of signed and typed DSHS IRB Application, scientific protocols (investigator initiated protocol written in DSHS IRB required format), informed consent documents (unless a waiver of consent is requested), and any questions, surveys, letters, brochures, flyers, posters, etc. in the form the subjects will see them. In addition, documentation that the principal investigator has completed a course of human subject protection in research. Also to be included one copy (double-sided) of the investigator's grant application.

An investigator using a consent form and other instruments in a language other than English will need to submit the translated version and the credentials of the translator(s). The non-English version(s) will be requested by the DSHS IRB after the English version is approved. In addition to the primary translation, a second translator will need to verify the accuracy of the translation.

Deadline: Applications must be received in the DSHS IRB Office before the first working day of the month to be scheduled for full board review in that month. Applications received on or after the first working day of the month, that cannot be exempted or examined using an expedited review procedure, will be scheduled for a full board review in the following month.

2. Expedited Review

Applications that qualify for expedited review can be reviewed and approved by the DSHS IRB Chair or a designated experienced member of the DSHS IRB. Protocols can be refused expedited review and scheduled for full DSHS IRB review. If an application is refused an expedited review, additional copies of the Application will be requested from the principal investigator/requestor.

Investigator must submit: One signed original and one copy (double-sided) of all documents required for a full DSHS IRB review plus and Expedited Review Request form.

Deadline: There is no deadline. Requests for expedited review will be examined by the DSHS IRB Chair or a designated experienced member as they are received. [Note: a maximum review time of 3 weeks is expected]

3. Exempt Status Review

Applications that qualify for exempt status can be reviewed and exempted by the DSHS IRB Chair or a designated experienced member of the DSHS IRB. Protocols can be refused exempt status and examined using an expedited procedure or scheduled for full DSHS IRB review. If an application is refused an exempt status or an expedited review, additional copies of the Application will be requested from the investigator.

Investigator must submit: One signed original and one copy (double-sided) of all documents required for a full DSHS IRB review plus and Exemption Request form.

Deadline: There is no deadline. Projects requesting exempt status will be reviewed by the Chair or a designated experienced member as they are received. [Note: a maximum review time of 3 weeks is expected]

B. Continuation Application & Review

Definition: All investigations approved by the DSHS IRB through an Expedited Review or a Full Board Review process are subject to continuing review. When a protocol is first approved, the DSHS IRB determines the appropriate approval period.

Investigator must submit: Typed Application [one signed original and 7 copies (double-sided)] and a clean copy of the currently approved consent document. All revisions must be clearly identified and described on the updated materials with clean copies of any instruments that need approval.

Submission must include: Briefly, summarize the study protocol (1-2 paragraphs). Summarize any changes in the study that have occurred since the previous IRB review. Include changes in collaborating institutions/sites, investigators, study protocol, consent forms, survey instruments, letters to participants, and informational/educational materials. List the number and the gender, ethnic/racial, and age breakdown (if appropriate) of subjects recruited to date. Describe any unforeseen or adverse events and response. Discuss reasons for continuing the study and any scientific developments that bear on the protocol, especially those that deal with risks, burdens, or benefits to individual subjects. Identify the specific sites/agencies to be used as well as their IRB approval status. Include copies of IRB approval letters from agencies to be used.

C. Other Items

1. Data Analysis

Protocols originally approved by the Full Board in which subject accruals have been closed and all research interventions are completed on all subjects, are still subject to continuing review, so long as data are being analyzed. The research now meets the requirements for expedited review.

2. Adverse Events

Serious and Unexpected: An investigator must report within five working days from discovery, (five working days from notification for off-site events), and in writing to the DSHS IRB, any serious and unanticipated adverse events. The investigator must complete a Serious and Unexpected adverse event report form.

Not Serious and Expected: If an adverse event occurs locally, and is not both serious and unexpected, then it must be reported at continuing review.

No More than Minimal Risk: If a protocol involves no-risk interventions (e.g. certain surveys), the investigator may submit a written request to only report adverse events that the investigator considers Serious, Unexpected, and related to the protocol. The Chair may approve or disapprove this request at their discretion. If approved, the investigator is required to report Serious and Unexpected events deemed related to the protocol (1) within 5 working days of discovery of the event and (2) in the submission at Continuing Review. All other events do not have to be reported at any time unless the investigator considers them related to the protocol, in which case they can be reported at Continuing Review.

3. Revisions

Minor Changes: Those changes which do not adversely affect the risk/benefit ratio to subjects, will be reviewed by the DSHS IRB Chair or a designated experienced member of the DSHS IRB under the expedited format. An Application and the instrument(s) and protocol for which revision approval is being requested will be completed and submitted to the DSHS IRB office in accordance with the expedited review requirements. An original signature of the Principle Investigator is required with all revisions or other information submitted to the DSHS IRB.

Minor Changes in Enrollment Criteria: An investigator may face a situation where a prospective research subject may not exactly meet the entrance criteria specified in the protocol. When the sponsor is notified, the sponsor indicates they will accept that subject into the protocol. However, the DSHS IRB considers enrolling a subject that does not meet entrance criteria into a research protocol as a protocol violation.

The following are steps the investigator must take to avoid being out of compliance with Federal regulations on Human Subjects Research.

a. Thoroughly review the inclusion and exclusion criteria for your research protocol. If you feel they are too restrictive, address this with the sponsor or appropriate individual.

1) If the protocol has already been submitted or approved by the DSHS IRB, submit a revision to the DSHS IRB.

2) You must receive approval for this revision prior to enrolling subjects under the new criteria.

b. If, during the course of the protocol, a potential research subject does not meet the exact inclusion/exclusion criteria, then before the subject can be enrolled, a revision must be submitted to the DSHS IRB office, with a letter from the sponsor indicating the approval of the change. This revision will be reviewed by the DSHS IRB Chair:

1) If the change is no more than minimal risk to the subject, it may be approvable through expedited review.

2) If the change poses more than a minimal risk to the subject, it must go to the full Board for review.

c. If, during the course of a return visit by an already enrolled subject, a laboratory parameter or some other inclusion/exclusion criteria is not strictly met, then:

1) If the change is no more than minimal risk to the subject, the investigator must receive written notice from the sponsor that they approve the modification, and can continue with the protocol, informing the DSHS IRB within 5 working days of the particulars of this event.

2) If the change poses more than a minimal risk to the subject, it must go to the full Board for review before the protocol can continue, unless not implementing the change would adversely affect the health of the study subject. In this case, the investigator can continue with the protocol, informing the DSHS IRB within 5 working days of the particulars of this event.

Major changes: Those changes which increase the risk to subjects or are considered extensive revisions must be reviewed by the full DSHS IRB.

Investigator must submit: One original and seven copies (double-sided) including a cover letter explaining and justifying the revisions and the affected pages of the revised protocol and instrument(s). Changes must be indicated by strike through when words are removed and underlining when words are added. In addition, one "clean" version of

all documents that were revised. The need to re-consent subjects using the revised version of the Informed Consent Form will be based on the significance of any required change(s) in the informed consent form.

4. Non Compliance with DSHS IRB Policies

The following policies apply to the suspension or termination of research and review of non-compliance with DSHS IRB policies, procedures, or requirements and protocols associated with unexpected serious harm to subjects.

List of DSHS IRB Actions: Upon making a determination or finding of non-compliance with DSHS IRB requirements or unexpected serious harm to subjects the DSHS IRB may take any of the following actions:

a. Close the matter with no additional action;

b. Require an investigator to submit a written corrective action plan addressing any identified issues. The DSHS IRB shall defer approval of a study until the corrective plan has been submitted, approved by the DSHS IRB, and fully implemented by the investigator;

c. Require an investigator to undergo more frequent DSHS IRB continuing review of his/her protocols.

d. Disqualify an investigator from conducting human subjects research at DSHS until the investigator and/or his/her research team undergoes specified training and/or education;

e. Require an investigator to take any action appropriate to remedy the non-compliance. This may include re-contacting and/or re-consenting subjects;

f. Make appropriate reports to governmental agencies who may use the reports to take further action;

g. Terminate some or all of the investigator's protocols.

h. Any other action the DSHS IRB, in its sole judgment, deems appropriate.

D. Investigator Participation During DSHS IRB Meetings

An investigator may not participate in the review and approval process, whether a member of the DSHS IRB or not. All investigators, if present, will be introduced to the DSHS IRB members and may be present to respond to questions and provide information to the DSHS IRB. The investigators will be asked to leave the meeting during the final discussion and voting phase of the review process.

E. DSHS IRB Actions/Decisions

Decisions include:

1. Approved

Investigation approved as submitted, no revisions required.

2. Deferred (Tabled)

When the convened DSHS IRB or designated experienced member requests substantive clarifications, protocol modifications, or consent document revisions, the study must be tabled and approval deferred pending subsequent review of the material requested by the convened DSHS IRB at a subsequent Full Board Review.

3. Conditional Approval (Approvable Subject to Explicit Changes)

If the convened DSHS IRB or designated experienced member stipulates explicit revisions requiring only the concurrence of the investigator, a protocol may be approved subject to receipt of those explicit changes. The changes will be reviewed by the Chair or a designated member who may approve the protocol on behalf of the DSHS IRB upon confirmation that all specifically requested revisions have been made. The date of approval of the project is the date that the explicit changes are approved.

Investigators will be allowed 60 days to respond to the request for explicit changes. If no response is received within 60 days, the protocol will be considered withdrawn and a letter sent to the principal investigator noting this decision. Withdrawn protocols will be reconsidered by the DSHS IRB only if they are resubmitted as a new protocol.

4. Disapproved

A new investigation disapproved may be resubmitted with corrections and clarifications and will be assigned for review. On the project cover sheet, "resubmission" must be checked. In addition, the investigator must provide a summary specifically addressing the issues identified in the original disapproval, action taken to resolve the issues and any other information necessary to support the investigators decisions.

5. Suspension

Investigations may be temporarily halted (suspended) by the DSHS IRB Chair, by the DSHS IRB, by the investigator, or by the funding sponsor. While suspended, all study interventions must stop, except those immediately necessary to protect subjects' well-being. A suspension does not relieve the investigator or the DSHS IRB of any other responsibilities, such as reporting adverse events or conducting continuing review. Protocols will be suspended under three (3) conditions:

a. Non-Compliance

b. Expiration: If not renewed prior to the expiration date, an investigations' approval is suspended. Investigators have 90 days to respond. If there is no response within the 90 days, the investigation will be closed by the Chair (for expedited protocols) or the DSHS IRB (for Full Board reviews).

c. By request: Investigators and funding sponsors may at times need to temporarily suspend an investigation for a variety of other reasons not related to noncompliance or risk to subjects. In these cases, the DSHS IRB will suspend the study until the investigator requests in writing that the suspension be lifted.